

Vermont Mental Health Performance Indicator Project

DDMHS, Weeks Building, 103 South Main Street, Waterbury, VT 05671-1601 (802-241-2638)

MEMORANDUM

TO: Vermont Mental Health Performance Indicator Project
Advisory Group and Interested Parties

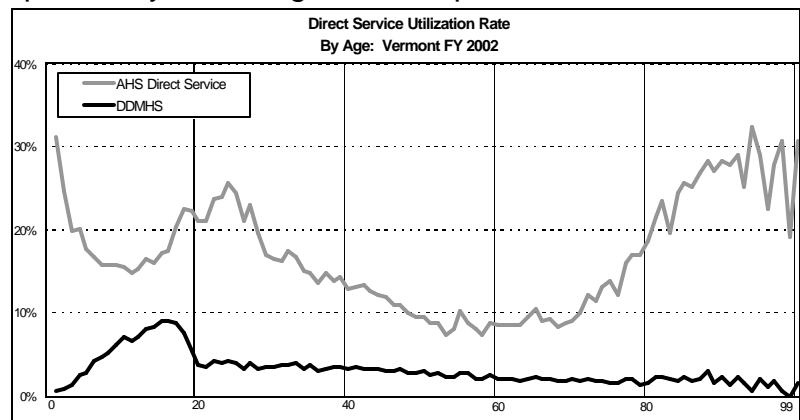
FROM: John Pandiani and Christine Van Vleck

DATE: January 23, 2004

RE: AHS Direct Service Utilization Rates FY2002

In response to our December 12th PIP report on “Mental Health and AHS Utilization Rates” (<http://www.state.vt.us/dmh/Data/PIPs/2003/pip121203.pdf>), Anne VanDonsel from ADAP asked what departments accounted for the “blip” in the overall AHS direct service utilization rate for adults in their 20s (see graph inset). This week’s PIP addresses that question by providing age-specific AHS direct service utilization rates for individual departments, overall as well as for men and women up to 40 years of age. In order to put these utilization rates in a broader perspective, age-specific utilization rates for clients up to 100 years of age are also provided.

The data used in this analysis were obtained from the DDMHS Monthly Service Report database and from AHS direct service programs. Because AHS departments do not share unique person identifiers, Probabilistic Population Estimation was used to provide unduplicated counts of the number of people served.



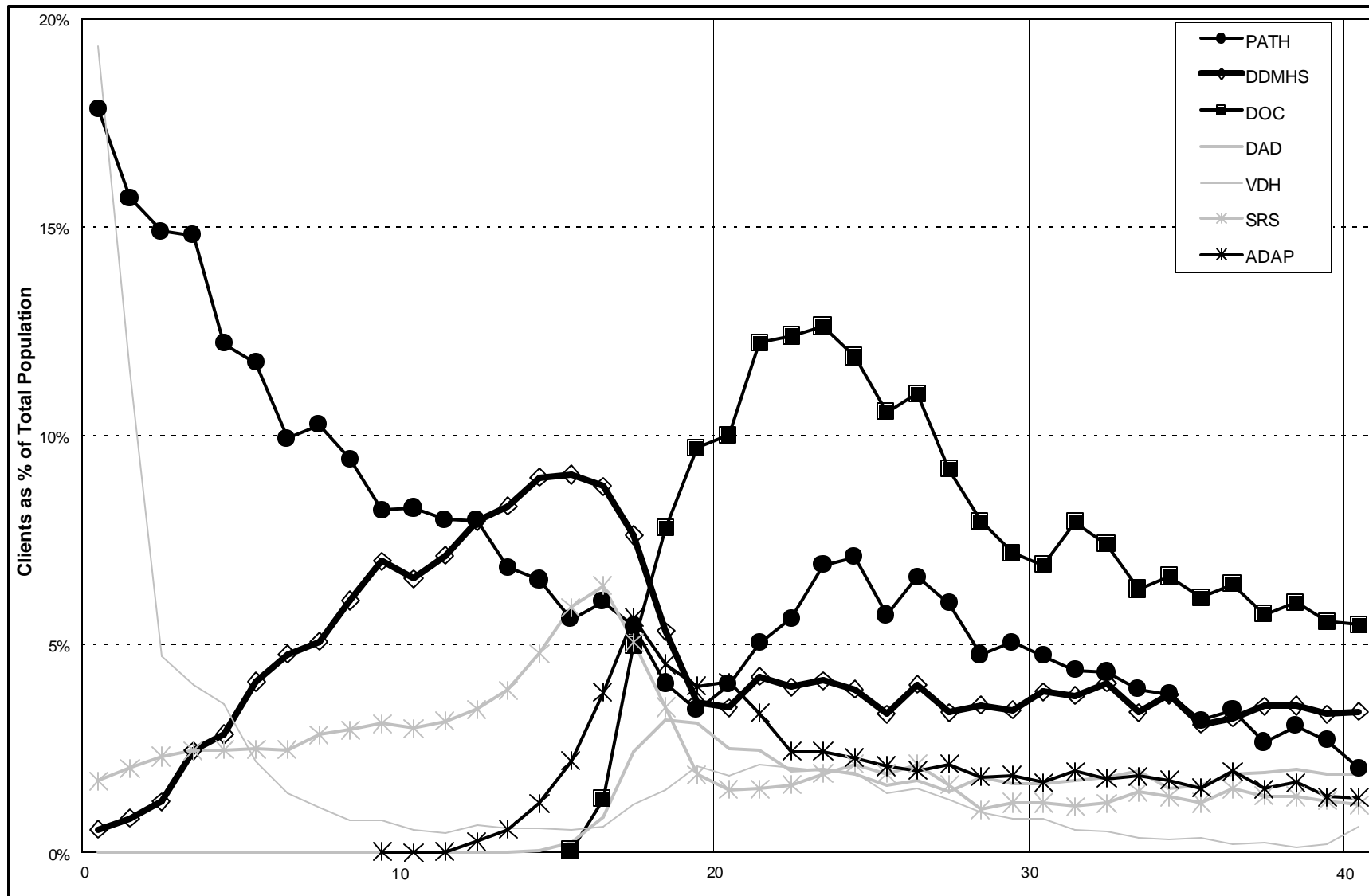
As you will see, the increase in overall AHS utilization for adults in their 20s is accounted for by increases in the caseloads of the Department of Corrections (DOC) and the Department of PATH’s Reach Up (formerly ANFC) program. The Corrections caseload increased steadily from mid-teens to reach more than 12% of Vermont adults in the 21-23 age group. The Reach Up caseload increased for adults in their 20s after a steady decrease from more than 15% of Vermont residents under three years of age to less than four percent of 19 year olds. Other AHS direct service caseloads tended to decrease or remain relatively unchanged for adults in their 20s. The DDMHS caseload, for instance, peaked at 9% of Vermont residents at age 14, decreased to 3% at age 20. After age 30, the DDMHS caseload slowly decreased with increasing age.

The increases in Corrections and Reach Up caseloads for adults in their 20s were not experienced equally by men and women. The Corrections caseload, for instance, was predominantly male. More than one out of every five 22 year old male Vermonters were on the corrections caseload during FY2002 compared to less than one out of every twenty female Vermonters in the same age group. The Reach Up caseload by contrast was predominately female. More than one out of every nine female Vermont residents aged 23-24 were on the Reach Up caseload, compared to less than one out of every thirty male Vermont residents.

The high overall utilization rates for AHS direct service programs at the two ends of the life span were also due to one or two departments. The high overall AHS direct service utilization rate for young children is almost entirely attributable to services provided by the Department of Health and PATH's Reach Up program. The high overall AHS direct service utilization rate for older Vermonters is almost entirely attributable to services provided by the Department of Aging and Disabilities.

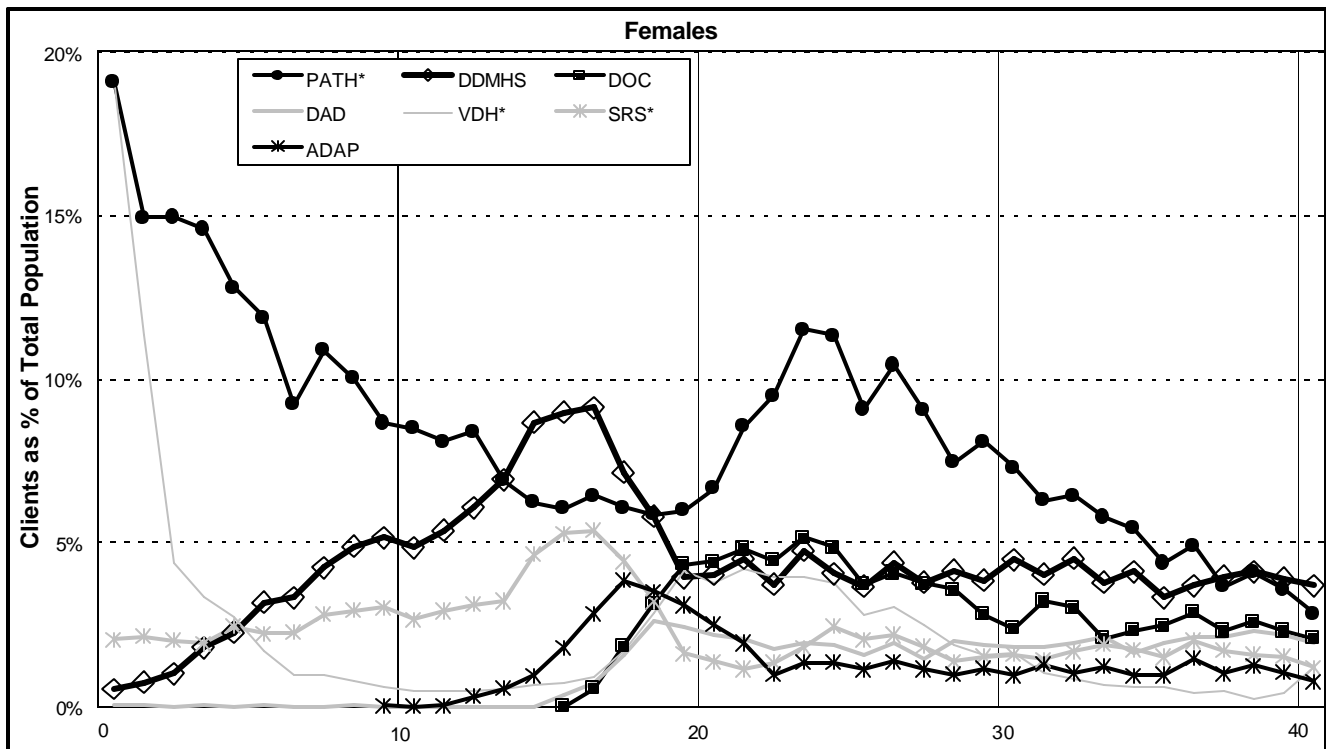
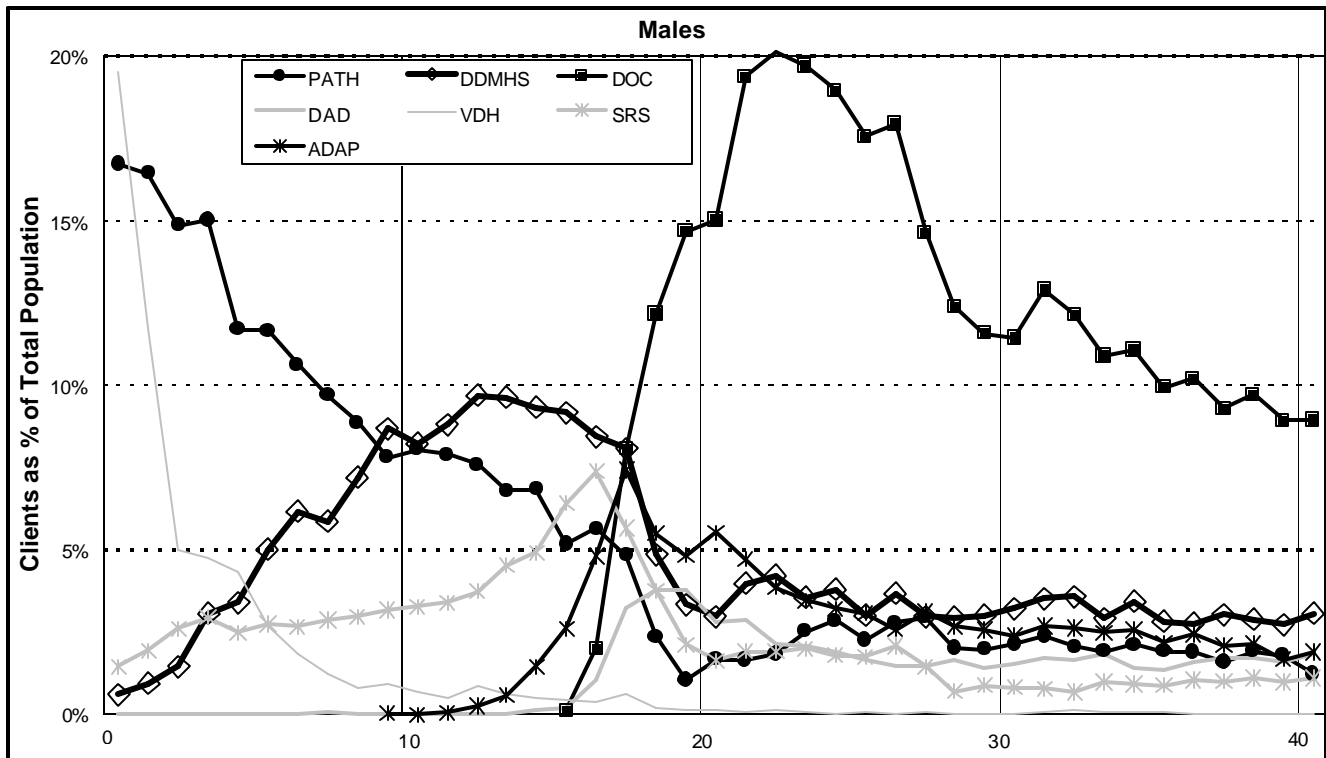
We look forward to your questions, comments, and suggestions for further analysis of these data. As always, you can reach us at pip@ddmhs.state.vt.us or 802-241-2638.

AHS Direct Service Utilization Rate Clients Age 40 and under: Vermont FY 2002



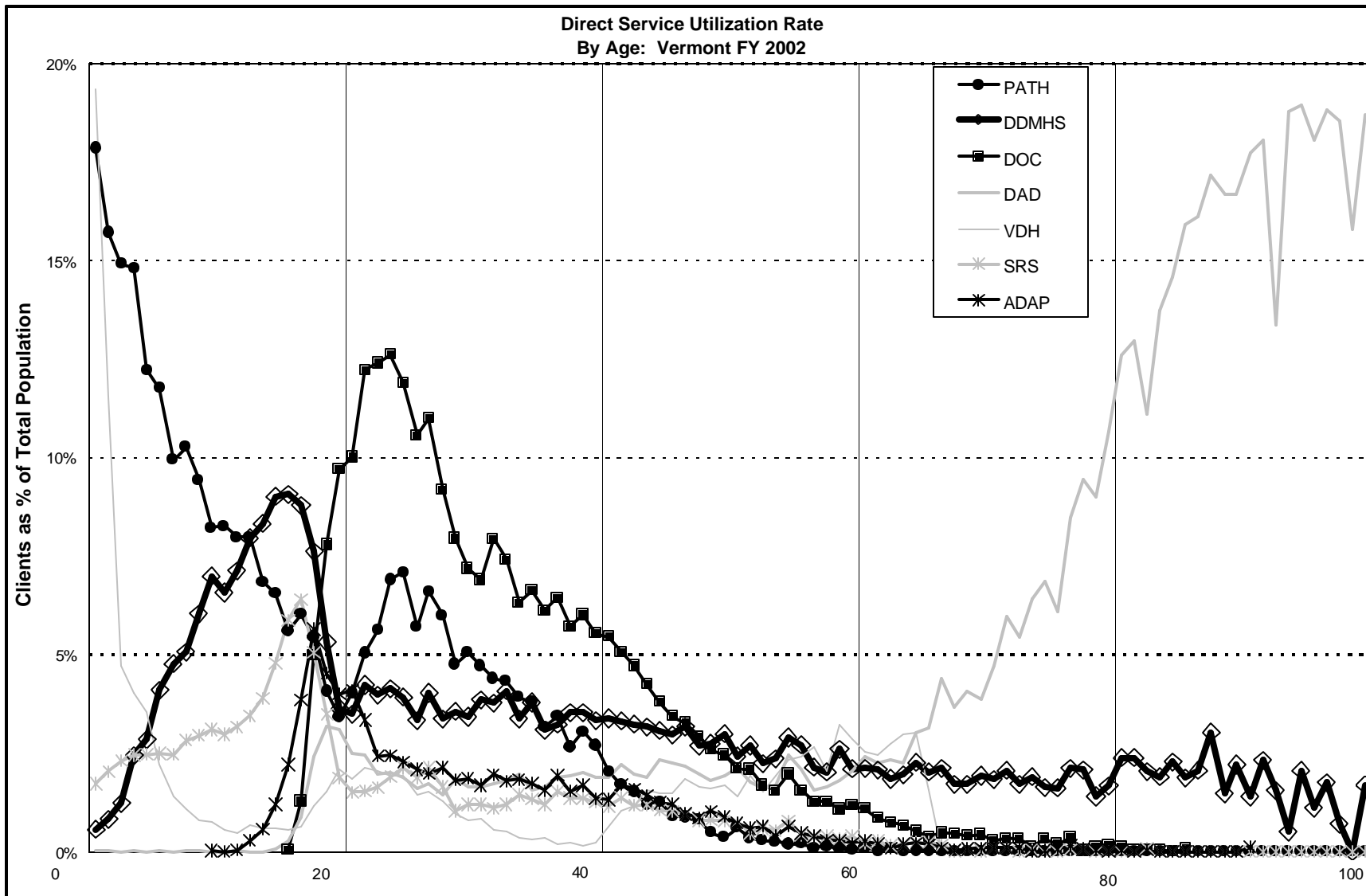
"Direct Service" counts include all Vermont residents age 40 and under served by the Department of Prevention, Assistance, Transition, and Health Access' Reach Up, the Department of Health's Healthy Baby Program, 1 to 5 Program, Refugee Program, Children with Special Health Needs, and Ladies First Program, the Department of Corrections, the Department of Developmental and Mental Health Services, the Department of Aging and Disabilities, Social and Rehabilitation Services' Adoption Subsidy, Custody Clients, Delinquents on Probation, Parents of Child Abuse/Neglect victims and non-custody victims, Intensive Family Based Services, and Alcohol and Drug Abuse Programs. Because data sets used in this analysis do not share unique person identifiers, Probabilistic Population Estimation was used to measure caseload size (with 95% confidence intervals). Population figures are based on the U.S. Census.

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AHS Direct Service Caseload Size Vermont FY 2002



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